MULTIPLE DEPEN NT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10/525 42

FILING DATE

APPLICANT(S)

| CLA | IMS |
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| | AS FILED | | AFTER | | AFTER 2 AMENDMENT | | | AS FILED | | AFTER | | AFTER | |
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| AL IND. | | 4 | | 4 | | * | TOTAL IND. | | 4 | | 4 | | 1 |
| AL DEP. | | 4= | 12 | = | | 4 | TOTAL DEP | | (| | 4= | | <u>+</u> |
| AIMS | | | 14 | | | | TOTAL CLAIMS | | | | | | |